



U.S. REPRESENTATIVE SAM FARR

FEDERAL AGENCY: _____

NAME: _____

ADDRESS: _____

PHONE: _____

CASE/SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EMAIL: _____

Please briefly explain the problem you are currently experiencing with a federal agency: _____

Please describe the nature and date of your latest correspondence or contact with the agency: - _____

Have you contacted Congressman Farr before regarding this matter? If so, when? _____

By signing this form, I hereby authorize Congressman Sam Farr to contact the above-mentioned agency, and to have access to any files or documents that may be related to the above-mentioned problem. I also understand that the information I have provided will be forwarded to the appropriate agency(ies).

Signature: _____ Date: _____

Please mail/fax this form to: Congressman Sam Farr
100 West Alisal Street
Salinas, CA 93901
Phone: 831-424-2229/ Fax: 831-424-7099